

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 08/22/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 08/26/2004						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	2637	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	121	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	34	2927	2938	11
		8800	70	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404902	BLUE RIDGE COMM UNITY	8326	181	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
		0	0		0	181	181	0
3404904	WESTERN HIGHLAN DS LME	8517	272	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		11	258	CLIENT NOT ELIGIBLE ON SERVICE DATE	5	607	868	261
		8505	30	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404905	TREND COMM MENT AL HLTH CTR	8525	251	CLAIM DENIED, REFERRING PROVID ER MUST BE AN LMA.				
		0	0		0	251	251	0
3404907	RUTHERFORD-POLK	8326	78	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
		0	0		0	78	78	0
3404910	PATHWAYS	8505	465	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	18	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	483	635	152
3404912	CATAWBA COUNTYM ENTAL HEALT	8517	86	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8931	60	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	78	199	2616	2417
		8000	16	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404913	MECKLENBURG COM ENTAL HEALT	8933	448	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8517	339	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	519	1367	3725	2358
		7001	167	EXCEEDS THE ONE PER DAY LIMITA TION				

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3404916	CROSSROADS BEHA	8517	1038	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
	VICORAL HEAL							
		21	789	DUPLICATE OF CLAIM-SYSTEM	0	2318	2345	27
		8505	418	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
3404917	CENTERPOINT HUMAN SERVICES	11	566	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	455	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	16	1811	2909	1098
		8505	303	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
3404918	ROCKINGHAM COUNTY MENTAL HEALTH	8505	236	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	78	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	18	423	964	541
		537	61	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE				
3404919	GUILFORD COUNTY MENTAL HEALTHC	8599	364	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	117	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	9	523	534	11
		11	18	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404920	ALAMANCE CASWELL AREA MHD	8517	371	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8505	359	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	1	826	2860	2034
		8599	52	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON CENTERED HATHAM AREA	5312	747	PRIOR AUTHORIZED DOLLARS EXCEEDED				
		8505	445	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	59	1747	5222	3475
		27	159	DIAGNOSIS CODE MISSING OR INVALID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404922	THE DURHAM CENTER	8517	6949	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	973	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	4	8673	21620	12947
		143	267	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				

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3404923	VGFW AREA AUTHO RITY	8599	904	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	317	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	3	1574	5459	3885
		11	262	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	5622	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	960	DUPLICATE OF CLAIM-SYSTEM	312	8734	13064	4330
		8505	744	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	988	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	469	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	826	4177	7287	3110
		8505	385	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404927	CUMBERLAND CO M HC	8599	178	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8621	97	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, FA IS REQUIRED FOR ADDITIONAL SERVICE.	4	490	2941	2444
		8517	69	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404929	LEE HARNETT MH/ DD/SAS	40	730	DATE OF SERVICE MISSING OR INV ALID. VERIFY AND ENTER CORRECT DOS AND SUBM				
		8599	90	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	885	1334	449
		8505	54	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404930	JOHNSTON COUNTY MNTL HLTHC	8931	2	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPBS.				
		0	0		2	2	12	10
3404931	WAKE CO HUM SVC BILLING OF	8505	1332	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8517	315	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	235	2554	6261	3707
		8599	265	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

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3404933	SOUTHEASTERN CT R FOR MH/DD	8505	124	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	42	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	22	214	964	750
		8931	15	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404934	ONSLow COUNTY B EHA VIORAL H	8599	120	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	76	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	1	228	598	370
		10	11	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8517	83	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8000	61	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	19	175	1486	1311
		8931	14	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe NASH MNTL HLTH C	8517	350	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	29	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	408	2222	1814
		10	16	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404938	VOFW DBA RIVERS TONE COUNSE	24	18	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
		8599	15	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	32	80	719	639
		8931	14	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404939	NEUSE MENTAL HE ALTH CENTER	8517	464	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8505	310	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	1123	2974	1851
		191	135	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404941	PITT CO MH/DD/S AS CENTER	8517	1522	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8505	539	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	6	2116	2412	296
		8599	15	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404942	ROANOKE CHOMANN UMAN SERVIC	8505	215	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	43	DUPLICATE OF CLAIM-SYSTEM	29	346	831	485
		8599	35	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA L HEALTH CE	8599	187	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	24	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	32	287	1657	1370
		8931	18	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HOMA N SERVICES	8517	551	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8505	248	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	62	1039	3065	2026
		8599	67	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	8517	487	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		11	132	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	659	682	23
		8544	31	CLAIM DENIED DUE TO INVALID FR OM DATE OF SERVICE				
3404957	TIDELAND MENTAL HEALTH CTR	8505	203	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8517	89	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	2	294	321	27
		8935	2	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404959	DAVIDSON CO MEN TAL HLTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREAM H/DD/SA PRO	8505	489	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	88	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	579	1647	1068
		5404	1	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				